



TRICARE

# **TRICARE For Life**

## **2003**

### **Benefits and Payments Summary**

This benefits and payments summary brochure contains tables that will assist you with identifying who pays for what under TRICARE For Life (TFL). The inpatient table illustrates how Medicare as the primary payer and TRICARE as the secondary payer work together to provide coverage for healthcare provided within a civilian inpatient hospital; a civilian psychiatric facility; a skilled nursing facility; and a hospice. As TFL beneficiaries, you will still be able to use military treatment facilities (MTFs) on a space available basis. The outpatient table illustrates how Medicare and TRICARE cover outpatient services received from civilian providers or outpatient facilities.

In cases where a healthcare service is not covered by Medicare but is covered by TRICARE, TFL will become the primary payer for that service. In all cases, TFL will only pay for services that are covered by TRICARE, and payment will be up to the allowable charge for that service. Beneficiaries will be responsible for the TRICARE Standard fiscal year deductible and cost shares.

Beneficiaries who have other health insurance (OHI) coverage, such as a Medicare Supplement or employer-sponsored medical coverage, may be able to use TFL; however, TFL will pay a claim only after all OHI coverages have paid. After the OHI processes the claim, the beneficiary will need to file a claim with TFL and TFL may then reimburse any remaining beneficiary liability after all OHI coverages have paid.

Medicare does not cover services provided outside of the United States and its territories (US&T), except for some emergency situations in Mexico and Canada. However, TFL will pay for TRICARE covered services for those residing overseas. Applicable TRICARE Standard deductibles and cost shares will apply. You should consult a health benefits advisor (HBA) at an overseas MTF or the US Consulate for further information. TFL beneficiaries are also eligible for pharmacy benefits through the TRICARE Pharmacy Program. Additional information is found in the last table. For more TFL information, please call 1-888-DoD-LIFE (1-888-363-5433). For more information on the TRICARE Pharmacy Program, please call 1-877-DoD-MEDS (1-877-363-6337). TTY/TDD telephone service is available at 1-877-535-6778. If you need further information regarding your Medicare benefits, call 1-800-MEDICARE (1-800-633-4227).

## HEALTHCARE COVERAGE: WHO PAYS?

	Medicare <sup>1</sup> Pays		TRICARE <sup>2</sup> Pays	What You Pay <sup>3</sup>
INPATIENT SERVICES – OUTSIDE MTF (MEDICARE PART A)				
Inpatient Hospitalization (Medical, Surgical, and hospital-based psychiatric care)  <i>A new benefit period<sup>6</sup> must begin before Medicare will cover additional days.</i>	Days 1-60	100% (after \$840 deductible <sup>4</sup> )	\$840 deductible <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 61-90	All but \$210/day <sup>4</sup>	\$210/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 91-150 <sup>5</sup>	All but \$420/day <sup>4</sup>	\$420/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 151+	Not Covered	The DRG-allowed <sup>7</sup> amount minus patient's copayment/cost share	\$250/day or 25% of institutional charges, whichever is less plus 20% of professional charges if care is delivered in a TRICARE network hospital <sup>8</sup> .  \$417/day <sup>9</sup> or 25% of billed charges for institutional services, whichever is less, plus 25% of allowable for professional charges if care is delivered in a Non-network hospital.
Inpatient Mental Health (Psychiatric Facility) <sup>10</sup> : Inpatient mental healthcare requires preauthorization. Care in excess of 30 days requires a waiver for secondary TRICARE coverage. If authorized, TRICARE pays cost share or deductible.  <i>A new benefit period<sup>6</sup> must begin before Medicare will cover additional days.</i>	Days 1-60	100% (after \$840 deductible <sup>4</sup> )	\$840 deductible <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 61 - 90	All but \$210/day <sup>4</sup>	\$210/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 91-150	All but \$420/day <sup>4</sup>	\$420/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days <sup>11</sup> 151+	Not Covered	80% if network hospital <sup>8</sup>  75% if Non-network hospital	20% of institutional charges plus 20% of professional charges for services received in a network hospital <sup>8</sup> .  For services received in a Non-network hospital see TRICARE Reimbursement Manual Chap 2, Addendum A, page 10 for beneficiary payment information. The manual is available on the TRICARE Web site <a href="http://www.tricare.osd.mil">www.tricare.osd.mil</a>
Skilled Nursing Facility:  <i>A beneficiary must be admitted to an inpatient hospital during a benefit period<sup>6</sup> for at least 3 days prior to receiving Medicare authorization to receive this benefit.</i>	Days 1-20	100%	Remaining Beneficiary Liability (if any)	Nothing for services payable by Medicare and TRICARE
	Days 21-100	All but \$105/day <sup>4</sup>	\$105/day <sup>4</sup>	Nothing for services payable by Medicare and TRICARE
	Days 101+	Not Covered	80% if network hospital <sup>8</sup>  75% if Non-network hospital	20% of TRICARE allowable charges if care delivered in a TRICARE network hospital <sup>8</sup>  25% of TRICARE allowable charges if care delivered in a Non-network hospital
Hospice Care	95%		Remaining Beneficiary Liability 5%	Nothing for services payable by Medicare and TRICARE

## HEALTHCARE COVERAGE: WHO PAYS?

	<b>Medicare<sup>1</sup> Pays</b>	<b>TRICARE<sup>2</sup> Pays</b>	<b><u>What You Pay</u><sup>3</sup></b>
<b>OUTPATIENT SERVICES (MEDICARE PART B) – OUTSIDE MTF</b>			
Doctors Visits (Outside MTF)	80%	20%	Nothing for services payable by Medicare and TRICARE
Emergency Room Visit	80%	20%	Nothing for services payable by Medicare and TRICARE
Mental Health Visit	50%	50%	Nothing for services payable by Medicare and TRICARE
Laboratory Services	100%	Remaining Beneficiary Liability (if any)	Nothing for services payable by Medicare and TRICARE
Radiology (X-Rays)	80%	20%	Nothing for services payable by Medicare and TRICARE
Home Health Care	100% for approved services	Remaining Beneficiary Liability (if any)	Nothing for services payable by Medicare and TRICARE
Durable Medical Equipment	80%	20%	Nothing for services payable by Medicare and TRICARE
Outpatient Hospital Services	80%	20%	Nothing for services payable by Medicare and TRICARE
Blood	Nothing for the first three pints  80% for additional pints (beyond the first three)	100% of the cost of the first three pints of blood  20% for additional pints (beyond the first three)	Nothing for services payable by Medicare and TRICARE
Chiropractic Services	80%	Not Covered	20% Medicare cost-share
<b>HEALTHCARE OUTSIDE OF THE UNITED STATES AND ITS TERRITORIES (US&amp;T) – OUTSIDE MTF</b>			
Inpatient Services	Not covered Outside US&T <sup>12</sup>	75%	25% of TRICARE allowable charges
Outpatient Services	Not covered Outside US&T <sup>12</sup>	75%	25% of TRICARE allowable charges after the TRICARE Standard annual deductible has been met

<sup>1</sup>All percentages paid by Medicare are for the Medicare approved amounts for services received from Medicare providers who accept Medicare assignment.

<sup>2</sup>TRICARE will pay the difference between Medicare's paid amount and Medicare's limiting charge (up to 115 percent of the allowable amount) for non-participating provider claims.

<sup>3</sup>TRICARE has a \$3,000.00 per fiscal year (Oct 1- Sept 30) catastrophic cap (your maximum out of pocket expense).

<sup>4</sup>Medicare amount that will change every calendar year.

<sup>5</sup>Lifetime Reserve days (91-150) are sixty additional days that Medicare will pay for, minus \$420/day (in 2003) deductible, when you are in a hospital for more than 90 consecutive days. These 60 reserve days can be used only once.

<sup>6</sup>A benefit period begins when a beneficiary is admitted to a hospital or skilled nursing facility and continues until the beneficiary has been out the facility for at least 60 consecutive days.

<sup>7</sup>A reimbursement system using Diagnosis Related Groups (DRGs) that assigns payment levels to each DRG based on the average cost of treating all patients in a given DRG.

<sup>8</sup>A network hospital is one that has a contractual agreement with TRICARE.

<sup>9</sup>DRG per diem rate that will change every fiscal year.

<sup>10</sup>190 days in a lifetime are available within a psychiatric facility.

<sup>11</sup>Medicare ceases to pay after day 150, unless a new benefit period begins. TRICARE will pay 75% or 80% and the beneficiary pays up to 25% depending on whether a network or non-network facility is used.

<sup>12</sup>The Original Medicare Plan does not cover health care when you travel outside the United States and its territories, except for some emergency situations in Mexico and Canada.

## PRESCRIPTION DRUG COVERAGE: WHO PAYS?

	<u>Medicare Pays</u>	<u>TRICARE Pays</u>	<u>What You Pay<sup>2</sup></u>
<b>Prescription Drugs (Not Covered by Medicare)</b>			
MTF Pharmacy	Not Covered	100% (up to a 90-day supply)	Nothing
National Mail Order Pharmacy	Not Covered	All costs except for the generic or brand name prescription drug co-payment (up to a 90-day supply)	Co-pay for generic prescription is \$3 (up to a 90-day supply)  Co-pay for brand-name prescription is \$9 (up to a 90-day supply)
TRICARE Retail Network Pharmacy	Not Covered	All costs except for the generic or brand name prescription drug co-payment (up to a 30-day supply)	Co-pay for generic prescription is \$3 (up to a 30-day supply)  Co-pay for brand-name prescription is \$9 (up to a 30-day supply)
Non-network Retail Pharmacy	Not Covered	All costs except for the generic or brand name prescription drug co-payment (up to a 30-day supply)	Co-pay for all drugs (up to a 30-day supply) is \$9 or 20% whichever is greater (in most cases full cost of prescription must be paid in advance). A yearly deductible of \$150/individual or \$300/family will apply.

The **TRICARE Pharmacy** benefit is available to all eligible uniformed service members and their family members, and all eligible retirees and their family members, including their survivors 65 years of age and older. Eligible beneficiaries who turned 65 before April 1, 2001, are not required to enroll in Medicare Part B. Those who turned 65 on or after April 1, 2001, are required to enroll in Medicare Part B. However, to participate in **TRICARE For Life**, Medicare Part A and Part B are required.

**For more information about your benefits please call**  
**TRICARE For Life: 1-888-DoD-LIFE (1-888-363-5433)**  
**TRICARE Pharmacy: 1-877-DoD-MEDS (1-877-363-6337)**  
**For the hearing impaired (TTY/TDD): 1-877-535-6778**  
**Medicare: 1-800-MEDICARE (1-800-633-4227)**